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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/708,259
Filing Date	March 31, 2004
First Named Inventor	Andersson
Art Unit	3724
Examiner Name	Peterson
Attorney Docket Number	73891

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, ~~and~~

- ☐ all the attorneys/agents of record.
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Name	Olivia Tolan	Registration No.	45,161
Date	June 29, 2006	Telephone No.	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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